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MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED I AMENDMENT AFTER AS FILED 2 MAMENBMENT AFTER I AMERDMENT IND. DEP. 1 AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. O A TOTAL IND A T. TOTALEXO \$ TOTAL DEP. TOTAL DEP **∜**¤ ⇜ TOTAL TOTAL CLAIMS CLABICS era issa curs como U.S. DEPARTMENT of COMMERCE